Scientific Advisory Group for Emergencies (SAGE)

Principles for Managing SARS-CoV-2 Transmission Associated with Higher Education

A new report from the government's SAGE advisory group explores the risks of Covid-19 spreading when students return to campuses across the UK. It outlines a series of measures that higher education institutions should undertake to keep staff and students safe and reduce the risk of transmissions.


At-a-glance:

- All HE institutions should expect to have cases of COVID-19 and it is highly likely that some universities and local health agencies will have to manage the consequences of a significant outbreak (p2)

- There is a significant risk that students could seed outbreaks across the UK. Epidemic modelling suggests large outbreaks could peak towards the end of the term, with the health impacts of new outbreaks coinciding with Christmas and New Year (p2)

- Outbreak response requires both local plans and coordinated national oversight and decision-making. It may be necessary for HE institutions to take significant actions in response to outbreaks, and it may be necessary for institutions across the HE sector to take coordinated action in November to prevent seeding and disseminated outbreaks in December (p3)

- A coordinated outbreak response strategy is urgently needed to link Government, the National Institute for Health Protection (NIHP), HE institutions and local public health teams and local authorities to monitor
incidence and prevalence of infection associated with HE and take appropriate actions. Actions and responsibilities across the range of eventualities need to be defined, including a clear approach for how data on cases, clusters and outbreaks should be reported, and how this information is communicated between HE and agencies (p3)

- The strategy should include plans to manage migration at the end of term, the potential risks of transmission associated with multiple sick students who may return home during term time, and the response to different levels of outbreaks associated with HE institutions (p3)

- Clear strategies for testing and tracing are essential. Support from the institution to enable self-isolation is also vital. Universities are good locations to pilot mass testing. Enhanced testing in response to suspected outbreaks will be necessary. Students who are required to isolate should be in dedicated accommodation where it is feasible, to minimise ongoing transmission in halls of residence or shared housing (p3, p15)

- Safe provision of student education needs to be based on a hierarchy of risk. This includes reducing in-person interaction, segmentation (eg bubbles) of students and environmental controls, improved ventilation and use of face coverings.

- Accommodation and social interactions are high-risk environments for transmission. Strategies to mitigate transmission risk include segmentation of students to co-locate courses or year groups, and good communication on behaviour and hygiene in household and social environments (p5)

- The wider physical and mental health of students and staff, beyond COVID-19, needs to be considered. This will include maximising the influenza vaccination programme to minimise co-infection and providing support to mental health programmes (p5)

- Communication strategies are a critical part of minimising transmission risks. Guidance on how to behave is more likely to be adhered to if people understand the reasons they are asked to take certain actions, if it is consistent and if it is coproduced with staff and students. Student organisations should lead in promoting COVID safety (p6)

Other key points:

- Evidence suggests there are a higher proportion of asymptomatic cases among younger age groups, making cases and outbreaks harder to detect among student populations. Outbreaks may therefore be large and
widespread before they are detected. Current evidence from the general community suggests that uptake of testing among people who have cough, fever or anosmia is low. Estimates range from 12% to 35% (p3, p11)

- Some US colleges have ordered mandatory regular testing of students and staff, and of these some have university level testing/tracing, monitoring and isolation systems. Many are requiring tests prior to returning to campus, with students either providing proof of a negative test or being tested on arrival. Some are using innovative testing, for example the University of Illinois is providing rapid saliva-based testing that can return results in 6 hours to everyone on campus twice per week (p13)

- Super spreading outbreaks are associated with crowded indoor spaces. Particular attention should be given to ventilation provision alongside plans for managing social distancing (p4)

- Face coverings are an important mitigation against droplet and aerosol transmission in shared indoor spaces especially where social distancing is difficult to maintain, or ventilation is poor (p4)

- Courses including vocational elements with close personal contact, healthcare related courses, and performing arts may pose additional risks and increased consideration of PPE/face coverings, ventilation or cleaning is needed (p4)

- There is clear evidence of outbreaks in HE settings in other countries, linked to accommodation and social activities and settings such as bars. These are likely to pose a higher risk for transmission than well-managed teaching in environments with good mitigations in place (p4)

- There is minimal evidence on the extent to which students comply with self-isolation for COVID-19, but analysis of a large US influenza outbreak showed compliance with isolation was very poor with over 93% of students reporting leaving their accommodation before the recommended 7 days, and 50% leaving daily (p14)

- Informing people in advance what will happen in these circumstances may help to reduce the stress involved by making the situation more predictable and may increase intention to isolate. Ensuring people know the rules around self-isolation and quarantine is essential (p14)

- Specific communications on managing risk should include commuter students and students with part time jobs, who are a point of contact between the university and social networks in other communities (p5)
Key quotes:

“A recent report from the National Association of Disability Practitioners indicated that students with mental health concerns were reporting heightened anxiety levels which may be connected with COVID-19, reduced access to care, help, education and facilities, and the ability to find the space/time for study alongside other responsibilities. Changes to the structure of HE may exacerbate these effects by decreasing the ability of people to make friends, engage in social activities together, gossip and chat, and interact with tutors or mentors, as well as by increasing the difficulty of work and studying.” (p24)

“Contacts off-campus are also relevant, and care needs to be taken not to inadvertently increase risk by driving staff and students into riskier environments. For example, closure of canteens or student bars (rather than improving their COVID-security) will be counterproductive if this simply makes students congregate in cafes or bars that are less COVID-secure71. Discussing these issues with staff and students, and monitoring for unintended consequences, will be important.” (p21)
“Stigmatising narratives can arise between different ethnic and social groups especially in the situation of a campus where people are coming together for the first time and are negotiating social rules. Disagreements are also appearing that reflect political leanings. Confrontation and lower adherence to Government guidelines are associated with exposure to conspiracy theories in social media. Effort should be made to encourage students and staff to adopt a supportive, tolerant attitude... Where mistakes or transgressions occur, it is useful to engage, explain or encourage before moving to enforcement.” (p26)